



SSAT Small Group Seminars

Workshops will be led by experts in test prep to strengthen important skills and address specific gaps for the SSAT. Classes have a maximum of 10 students with a 5 to 1 student/teacher ratio.

Classes will be held on Sundays from 2:00-3:00 p.m. at Thomas Jefferson, 4100 S. Lindbergh Blvd. St. Louis, MO 63127. **Each seminar is \$60:** we require a weeks notice for cancellation to receive a refund.

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|--|---|
| <input type="checkbox"/> September 8: Percents and Ratios | <input type="checkbox"/> November 3: Geometry |
| <input type="checkbox"/> September 8: Writing - using sensory details | <input type="checkbox"/> November 3: Writing - creating a conflict and resolution |
| <input type="checkbox"/> September 15: Analogy strategies | <input type="checkbox"/> November 10: Synonym strategies and practice |
| <input type="checkbox"/> September 29: Strategies for word problems | <input type="checkbox"/> November 17: Percents and Ratios |
| <input type="checkbox"/> September 29: Reading Comprehension- nonfiction | <input type="checkbox"/> November 17: Writing overview followed by a timed writing test and next-day feedback |
| <input type="checkbox"/> October 13: Strategies for algebra and pre-algebra skills | <input type="checkbox"/> December 1: Analogy strategies |
| <input type="checkbox"/> October 13: Analogy skills | <input type="checkbox"/> December 8: Reading Comprehension - Poetry |
| <input type="checkbox"/> October 27: Using roots to decide words | |

How to register?

Select the seminars you want to attend.

Mail registration and payment to Ad Astra Educational Services, 217 Fawn Meadows Drive, St. Louis, MO 63011.

Student

First _____ Last _____ Gender: _____
School Name _____ Grade _____ Birth date ____/____/____ Age _____
Street Address _____
Town/City _____ State _____ Zip code _____ Child's Home Phone _____

Parent/Guardian - Contact Information

Parent/Guardian #1

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Phone _____
E-mail _____

Parent/Guardian #2

First _____ Last _____ Ms. Mrs. Mr. Other _____
Street Address _____
Town/City _____ State _____ Zip Code _____ Phone _____
E-mail _____

Guardian Signature: _____ Date: _____

Printed Name of Parent/Guardian: _____